BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000												
PHARMA - 131												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER SMALL	
TOTAL CLAIMS			2	5				RATE	FEE	1 1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			جر minus 20=		• 5			X\$ 9=		OR	X\$18=	90
INDEPENDENT CLAIMS			minus 3 =		8			X40=		OR	X80=	640.
ΜU	LTIPLE DEPEN	DENT CLAIM PF	RESENT					+135=		OR	+270=	
* If	the difference	less than ze	ss than zero, enter "0" in column 2				TOTAL		OR	TOTAL	1440	
CLAIMS AS AMENDED - PART II											OTHER	
		(Column 1)	(Colum			(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=	,	OR	X80=	
L_	FIRST PRESE	LTIPLE DEPENDENT		CLAIM		<u> </u>	+135=	<i>e</i> •	OR	+270=		
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
	(Column 1) (Column 2) (Column 3)											
AMENDMENT B	togo , que miso	CLAIMS REMAINING AFTER AMENDMENT	Maria Street W. J.	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	·	=		X\$ 9=	. ,	OR	X\$18=	
	Independent	*	Minus	***		-		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	JUI IPLE DEF	PENDEN	CLAIM		J	+135=		OR	+270=	
i							. I	TOTAL	· ·		TOTAL	
	(Column 1) (Column 2) (Column 3)							ADDIT. FEE		1	ADDIT. FEE	· · · · · · · · · · · · · · · · · · ·
		CLAIMS		HIGH	HEST		1 r	-	ADDI-	1		ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	. Ž
	Independent	*	Minus	***		=]	X40=		OR	X80=	
	FIRST PRESE	JLTIPLE DEPENDENT		T CLAIM	AIM				1			
 .	If the entering set		ho ontre in sele	man O wall	o "O" in	olumn 3		+135=		OR	+270=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest numb r found in the appropriate box in column 1.											